

DUTCHESS COUNTY DEPARTMENT OF HUMAN RESOURCES

Report of Change of Name, Address or Other Information

(To Update Employment, Civil Service, Examination and/or EEO Recruitment Records, also complete page 2)

Name: _____ SS#: _____

Department/Agency: _____ Date of Change: _____

1. This section must be completed. Please check as appropriate:

I am a current or former employee of the Dutchess County Government or Dutchess Community College.

I am a current or former employee of a city, town, village, school district or special district in Dutchess County.

I am not a current or former employee as described above.

Please state any other names you have used in employment: _____

2. This section must be completed **if there is a change** in name or address:

Change to:

Name: _____

Legal Residence: _____

Mailing Address (if different): _____

3. Current employees: please complete this section for other applicable changes.

Marital status:

Veteran status:

Exempt Volunteer Firefighter Status:

Home phone number: _____ Cell phone number: _____

Emergency contact info: _____
Name / relationship / phone #

Personal email: _____

Reminder: It is your responsibility to notify any other necessary agencies, organizations and/or individuals of the above changes (Retirement System, Deferred Compensation, Insurance Companies, Unions, etc.)

Signature

Date

Department / Agency: _____ Name: _____

4. To be completed to update Examinations/ Eligible List and Recruitment records only.

Are you on any current eligible or Recruitment lists? Yes No

****Please Note:** Candidates on Firefighter and/or Deputy Sheriff/Police Officer eligible lists must attach a copy of the following as proof of change: Voter's Registration Card, top portion of Income Tax Statement or changed Driver's License.**

Please complete the following information in regard to your permanent legal residence for each of the geographic areas below. Indicate the length of your present residence to date. Residents of the Village of Wappingers Falls should also indicate Town.

	<u>Years</u>	<u>Months</u>
School District: _____	_____	_____
City Town Village of: _____ (check one)	_____	_____
County of: _____	_____	_____
State of: _____	_____	_____
Fire District: _____	_____	_____

Signature

Date

For the Department of Human Resources only:

Finance Dept Risk Mgmt Exams Unit Employees Dept/Agency: _____